

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/563,988

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3		/					53						
4		/					54						
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47		/					97						
48		/					98						
49		/					99						
50		/					100						
TOTAL NO.	3	↓		↓		↓	TOTAL NO.	↓		↓		↓	
TOTAL DEP.	29	←		←		←	TOTAL DEP.	←		←		←	
TOTAL CLAIMS	32						TOTAL CLAIMS						